

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3	1						53		
4	1						54		
5	1						55		
6	1						56		
7	1						57		
8	1						58		
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19	1						69		
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25							75		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6		↓		↓		TOTAL IND.		↓
TOTAL DEP.	18	←	←	←	←		TOTAL DEP.	←	←
TOTAL CLAIMS	24						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS